

Women/Maternal Health

State Action Plan Table (Nevada) - Women/Maternal Health - Entry 1

Priority Need

Improve preconception health among adolescents and women of childbearing age

NPM

NPM 1 - Percent of women with a past year preventive medical visit

Objectives

Annual 2% increase women 18-44 receiving routine check-ups in last year (data collected as part of EHB)

Increase by 25%, over 2013 baseline of 65.9%, by 2020, women receiving prenatal care in first trimester

Strategies

Educational campaign on health and human services available – including informational discussions at provider level, brochures, etc. to communicate message.

Educational campaign regarding preventive (e.g., diet modification) services through Medicaid in preconception

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Perinatal/Infant Health

State Action Plan Table (Nevada) - Perinatal/Infant Health - Entry 1

Priority Need

Increase percent of infants who are ever breastfed and percent of infants breastfed exclusively through six months

NPM

NPM 4 - A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

Objectives

Increase to 90% babies ever breastfed

Increase to 25% children exclusively breastfed at 6 months

Increase to 50% baby-friendly hospitals in NV by 2020

Strategies

Collaborate across Nevada stakeholders to increase provider use and general education (for both providers and moms) on: substance use (before, during & after pregnancy), Telemedicine, breastfeeding, safe sleep, post-partum care, etc.

NOMs

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Child Health

State Action Plan Table (Nevada) - Child Health - Entry 1

Priority Need

Increase the percent of children aged 10 through 71 months receiving developmental screening

NPM

NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Objectives

Increase 10% annually children 10-71 months screened with parent-completed screening tool.

Increase 10% annually children 10-35 month who have been screened for an Autism Spectrum Disorder & other developmental delays.

Strategies

Work with diverse community partner entities on a campaign to encourage and/or assist parents to complete developmental screening tool.

Collaborate with health professionals using telehealth to reach rural/frontier populations.

Partner with Learn the Signs Act Early, Bright Futures, Home Visiting and others on a campaign to educate parents on develop. Screening tool.

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children in excellent or very good health

Adolescent Health

State Action Plan Table (Nevada) - Adolescent Health - Entry 1

Priority Need

Increase the percent of children, adolescents and women of child bearing age who are physically active

NPM

NPM 8 - Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

Objectives

Increase 5% over baseline annually elementary & high school students physically active at least 60 minutes a day for 5 or more days a week.

Increase 5% over baseline annually elementary & high school students who attend PE 1 or more days a week.

Strategies

Collaborate with Chronic Disease Section of DPBH to conduct outreach to School Districts (including school-based health) to develop and implement obesity prevention activities for target population.

NOMs

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

State Action Plan Table (Nevada) - Adolescent Health - Entry 2

Priority Need

Increase the percent of adolescents and women of child bearing age who have access to healthcare services

NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objectives

Increase to 78% by 2020 adolescents aged 12-17 with a preventive medical visit in the past year.

Increase 25% within a year, with 2% annual increase by 2020, PREP & Abstinence program participants receiving education on well-visits.

Increase 10% annually applicable Medicaid participants with well-visits (FFS & ACOs).

Strategies

Educational campaign regarding preventive medical well-visits and abstinence.

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

NOM 18 - Percent of children with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Children with Special Health Care Needs

State Action Plan Table (Nevada) - Children with Special Health Care Needs - Entry 1

Priority Need

Promote establishment of a medical home for children

NPM

NPM 11 - Percent of children with and without special health care needs having a medical home

Objectives

Increase 40% within a year, with 2% annual increase by 2020, children with and without special health care needs with a medical home in the past year.

Increase 20% annually programs and participants that receiving education on the Medical Home.

Increase by 5% number of referrals to Nevada's medical home portal resources by 2020.

Strategies

Educational campaign and access implementation regarding Medical Home.

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

NOM 22.1 - Percent of children ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Cross-Cutting/Systems Building

State Action Plan Table (Nevada) - Cross-Cutting/Systems Building - Entry 1

Priority Need

Prevent and reduce tobacco use among adolescents, pregnant women and women of child bearing age

NPM

NPM 14 - A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

Objectives

Decrease by 4% within a year, with 1% annual decrease by 2020, girls and women smoking in pregnancy.

Decrease by 20% within a year, with 1% annual decrease by 2020, girls and women smoking during offspring's childhood.

Increase by 10% annually Medicaid participant with smoking cessation counseling.

Strategies

Educational campaign to prevent or reduce smoking (including e-cigarettes and medical marijuana) in target population, including pregnant women or children who live in a house with a smoker.

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

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NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children in excellent or very good health

State Action Plan Table (Nevada) - Cross-Cutting/Systems Building - Entry 2

Priority Need

Increase the percent of adequately insured children

NPM

NPM 15 - Percent of children ages 0 through 17 who are adequately insured

Objectives

Increase percent of adequately insured children by 5 percent in the next year.

Increase the percent of statewide or local programs integrating insurance importance and accessibility in the next year

Increase percent of parents who received education on insurance options by 5 percent in the next year.

Increase number of eligible Medicaid enrollees with children.

Strategies

Collaborate with MCH partners to identify uninsured and underinsured populations and develop and implement appropriate interventions.

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 21 - Percent of children without health insurance